

QUARTERLY REPORT OF NAVY CIVILIAN OCCUPATIONAL INJURIES AND ILLNESSES

A. This is the summary report for

Navy Civilian Personnel (Civ) ☒

B. Reporting Period

☐ ☐ ☐ ☐ ☐ ☐

Month Day Year

(Quarter Ending)

C.

(Name of Reporting Activity)

(UIC Code)

D.

(Address of Reporting Activity)

(Zip)

E.

(Parent Command)

F.

(Date Submitted)

CODE	INJURY AND ILLNESS CATEGORY	TOTAL CASES Number of entries in Col. 7 of the log (1)	DEATHS Number of entries in Col. 8 of the log (2)	LOST TIME CASES			First Aid Cases Number of checks in Col. 11 of the log (6)
				Total Lost Time Cases Number of checks in Col. 9 of the log (3)	Lost Workday Cases Number of checks in Col. 9A of the log (4)	No Lost Time Cases Number of checks in Col. 10 of the log (5)	
10	Occupational Injuries						
Occupational Illnesses							
21	Occupational skin diseases or disorders						
22	Dust diseases of the lungs (pneumoconioses)						
23	Respiratory conditions due to toxic agents						
24	Poisoning (systemic effects of toxic materials)						
25	Disorders due to physical agents (other than toxic materials)						
26	Disorders due to repeated trauma						
29	All other occupational illnesses						
TOTAL CIVILIAN OCCUPATIONAL INJURIES AND ILLNESSES							
30	Total—occupational illnesses (21 thru 29)						
31	Total—occupational injuries and illnesses (10 plus 30)						
40		Total hours worked by personnel _____ (This Reporting Period)					
50		Average number of personnel _____ (This Reporting Period)					
51	Average work week for personnel	<input type="checkbox"/> Check box only when average work week for all personnel is less than 30 hours of more than 50 hours per week.					

OPNAV 5102/8 (11-88)

Person Preparing Report

Code

Tel. No. (if available)

Specify: ☐ Autovon ☐ Commercial

Instructions for Preparation of Quarterly Report of
Navy Civilian Occupational Injuries and Illnesses

Neatly hand printed reports or computer generated facsimiles are acceptable. No forwarding letter is required.

Reporting Period. Insert the last calendar day covered by the report. The month, day and year should be recorded numerically in the square boxes as:

03 31 87

This means the period 1 January to 31 March 1987.

Name of Activity. Self-explanatory. UIC Code. Unit Identification Code per NAVCOMPT Manual (NAVSO P-1000-25).

Address. Insert the address of the reporting activity.

Parent Command. Major command to which activity reports (Examples: NAVAIRSYSCOM, CINCPACFLT, MEDCOM, etc.)

Specific instructions for completing the quarterly report are as follows:

Code 10 Occupational injuries (identified by code 10 in Column 7 of each Log of Navy Occupational Injuries and Illnesses). Record the following on the line designated by code 10 on the quarterly report form.

- Column 1. Total Cases. Count the number of times code 10 appears in Column 7 of the log of Navy Civilian Occupational Injuries and Illnesses. Enter the total of this count under Column 1 of the quarterly report form.
- Column 2. Deaths. For all code 10 entries, count the number of times a date appears in Column 8 of the log. Enter the total of this count under Column 2 of the quarterly report form.
- Column 3. Total Lost Time-Cases. For all code 10 entries, count the number of checks in Column 9 of the log. Enter the number under Column 3 of the quarterly report form.
- Column 4. Lost Workday Cases. For all code 10 entries, count the number of entries in Column 10 of the log. Enter the total of this count under Column 4 of the quarterly report form.
- Column 5. No Lost Time Cases. For all code 10 entries, count the number of times a check appears in Column 11 of the log. Enter the total of this count under Column 5 of the quarterly report form.
- Column 6. First Aid Cases. For all code 10 entries, count the number of times a check appears in Column 12 of the log. Enter the total of this count under Column 6 of the quarterly report form.

CHECK: From the totals entered according to the instruction above, an easy check for accuracy can be made. Add the entries under Columns 2, 4, 5 and 6; and this total must equal the entry for Column 1. (Columns 2 + 3 + 5 + 6 = Column 1)

B. Codes 21 through 29) Occupational Illness Codes. Follow the procedure for A above for each illness code, entering the totals on the appropriate line of this form.

C. (Code 30) Total of Occupational Illnesses. Add the entries for codes 21 through 29 in each column, and enter totals on the line for code 30. If none, so state.

D. (Code 31) Total of Occupational Injuries and Illnesses. Add the entries for codes 10 and 30 in each column and enter total on the line for code 31. If none, so state.

CHECK: If the summary has been made correctly, the entry in Column 1 of the total line (code 31) of this form will equal the total number of cases on the log.

E. (Code 40) Total Hours Worked During this Reporting Period. For full-time civilian personnel, report hours worked, calculated as follows: To estimate, take the average actual personnel assigned and multiply by 500 to obtain total man-hours worked for the quarter. To this total add actual hours for part-time personnel. If actual hours worked data is readily available, this data may be used. Actual hours worked includes overtime and excludes vacations, holidays, sick leave and lost time due to injury or illness.

F. (Code 50) Number of Employees this Reporting Period. Use end of quarter strength figures of civilian personnel.

G. (Code 51) Average Workweek. If the average workweek is approximately 40 hours, leave blank. If the average workweek is less than 30 or more than 50 hours, check box.

H. All entries in Code 40 and 50 should be made to the nearest whole number.

I. The annual summation will be the sum of the four quarterly reports of the fiscal year.

NOTE: Blocks 40 through 51 must be completed on all reports even though no occupational injury or illness is experienced during the reporting period.